

CHILD DEVELOPMENT DIVISION (CDD)
Department for Children and Families
Vermont Agency of Human Services
2007

Grant Type In-service Education
Contact Person Jan Walker; 802-241-2198; jwalker@srs.state.vt.us
Deadline by the first of any month

This application is for registration costs of in-service, conference, workshop or other appropriate learning opportunities

ELIGIBILITY

- ✓ Be employed as a provider of health or mental health consultation for child care providers and/or early intervention for infants/toddlers, preschoolers, or school-aged children and their families.
- ✓ Seek appropriate learning opportunities that are related to one or more of the
 - Northern Lights Core Competencies, or
 - Early Childhood and Family Mental Health Competencies, or
 - Healthy Babies, Kids and Families' Nursing or Family Support Competencies, or
 - Family, Infant, and Toddler Program (FITP) priorities.
- ✓ Employer is willing to share in the cost of this learning opportunity

1. Name _____ Date _____

Social Security # _____ DOB _____

Home Mailing Address _____
Street or PO Box Town State Zip

Home Phone _____ Email _____

Fax Number _____

2. Employer _____ EID# _____

Employer Address _____

3. Your Current Position/Title and Education Level with a brief description of your job duties: _____

4. Description of the Learning Opportunity (include title, sponsor, date, location, and any other pertinent information) _____

5. Short narrative about the competencies and goals you are working toward by participation in this Learning Opportunity: _____

6. Amount of Support you are requesting: \$ _____

Please attach/include the following information. These items together with the application form (questions 1-6 above) complete your application. Only complete applications will be considered for funding. You may also want to use the boxes as helpful “checks” to ensure you have included all requested materials.

Check-list of Requirements:

- ☐ Be employed as a provider of health or mental health consultation for child care providers and/or early intervention for infants/toddlers, preschoolers, or school-aged children and their families.
- ☐ Complete and attach a copy of the Individual Professional Development Plan (IPDP) Form, discussing how your short and long-term goals relate to one or more of the Northern Lights Core Competencies for Early Childhood Professionals, the Early Childhood and Family Mental Health Competencies, the Family, Infant and Toddler (FITP-Part C) priorities, or the Healthy Babies, Kids and Families’ Nursing or Family Support Competencies.
- ☐ Attach a letter from your employer assuring the Child Development Division that if it pays some or all of the registration costs for your participation in a particular conference, workshop, or other learning opportunity, your employer will pay the remaining costs.
- ☐ Attach information (with registration and other costs) about the conference, workshop or other learning opportunity, and write a narrative below about how your participation in it will help you accomplish your Individual Professional Development Plan.
- ☐ Specify the amount of support you are requesting and give the necessary information for payment to be made to your employer by the Child Development Division.

I certify the following:

- 1.) The information contained in this application is true and correct**
- 2.) I have provided services or worked for at least 6 months in a CDD regulated early childhood or school-age care program in Vermont.**
- 3.) I plan to remain in this field for at least one year upon completion of the learning opportunity for which I am requesting CDD financial assistance.**

I also certify that within 1 year up to the date of this grant request, all regulatory violations are corrected, no "Parental Notification Letter/s" have been mailed and the program does not have a pattern of repeated regulatory violations with the CDD.

Signature of Applicant: _____

Make 6 copies of your complete* application. Keep one for yourself, send one copy to your local Child Care Community Support Agency Resource Development Specialist, and four copies to

Child Development Division—CCP grant
ATTN: Linda Clark
103 South Main Street
Waterbury, VT 05671-2902
Phone: 802-241-1215; email: lclark@srs.state.vt.us

**** “Complete” means all the required enclosures and attachments are included with each application.***